

SERFF Tracking Number:	CMPX-125512215	State:	Arkansas
Filing Company:	Companion Commercial Insurance Company	State Tracking Number:	## \$25
Company Tracking Number:	P#07236CCIC		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	MU WC Terrorism Risk Insurance Program Reauthorization/P#07236CCIC		

Filing at a Glance

Company: Companion Commercial Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: CMPX-125512215 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: ## \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: P#07236CCIC

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: SPI CompanionPCGroup

Disposition Date: 03/03/2008

Date Submitted: 02/27/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: MU WC Terrorism Risk Insurance Program Reauthorization

Status of Filing in Domicile:

Project Number: P#07236CCIC

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/03/2008

State Status Changed: 03/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Companion Commercial Insurance Company wishes to adopt NCCI's item filing B-14050, which addresses the

Terrorism Risk Insurance Program Reauthorization Act of 2007. NCCI has filed forms

WC 00 01 13 A and WC 00 04 21 B on our behalf. For informational purposes, we are filing our disclosure notice that we will be using. We are requesting an effective date of December 26, 2007.

Company and Contact

SERFF Tracking Number: CMPX-125512215 State: Arkansas
Filing Company: Companion Commercial Insurance Company State Tracking Number: #? \$25
Company Tracking Number: P#07236CCIC
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: MU WC Terrorism Risk Insurance Program Reauthorization/P#07236CCIC

Filing Contact Information

Pamela Bass, Regulatory Compliance Analyst pam.bass@companiongroup.com
P.O. Box 100165 (803) 264-5266 [Phone]
Columbia, SC 29202 (803) 865-3155[FAX]

Filing Company Information

Companion Commercial Insurance Company	CoCode: 10794	State of Domicile: South Carolina
P.O. Box 100165	Group Code: 661	Company Type:
Columbia, SC 29202	Group Name:	State ID Number:
(803) 735-0672 ext. [Phone]	FEIN Number: 582292212	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/03/2008	03/03/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	02/27/2008	02/27/2008	SPI CompanionPCGro up	03/03/2008	03/03/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	SPI CompanionPCGr oup	02/27/2008	02/27/2008

SERFF Tracking Number: *CMPX-125512215* *State:* *Arkansas*
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Disposition

Disposition Date: 03/03/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing is approved contingent on receiving the filing fees.

The filing is approved effective 1/1/08 when the effective date of the NCCI filing that is being adopted is approved.

Rate data does NOT apply to filing.

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Project Name/Number:	MU WC Terrorism Risk Insurance Program Reauthorization/P#07236CCIC		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Policyholder Disclosure Notice-Terrorism		Yes

SERFF Tracking Number: CMPX-125512215 State: Arkansas
Filing Company: Companion Commercial Insurance Company State Tracking Number: #? \$25
Company Tracking Number: P#07236CCIC
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: MU WC Terrorism Risk Insurance Program Reauthorization/P#07236CCIC

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/27/2008
Submitted Date 02/27/2008

Respond By Date

Dear Pamela Bass,

This will acknowledge receipt of the captioned filing.

This filing doesn't indicate that there has been a filing fee sent. The fee is \$25.00

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/03/2008
Submitted Date 03/03/2008

Dear Carol Stiffler,

Comments:

Ms. Stiffler,

Response 1

Comments: Filing fee will be sent via mail. Check #000152834 has been mailed 3/3/08.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: *CMPX-125512215* *State:* *Arkansas*
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Company Tracking Number: *P#07236CCIC*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *MU WC Terrorism Risk Insurance Program Reauthorization/P#07236CCIC*

Please let me know if you should need anything else.

Thank You,
Pamela Bass
(803) 264-5266

Sincerely,
SPI CompanionPCGroup

SERFF Tracking Number: *CMPX-125512215* *State:* *Arkansas*
Filing Company: *Companion Commercial Insurance Company* *State Tracking Number:* *#? \$25*
Company Tracking Number: *P#07236CCIC*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
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Note To Reviewer

Created By:

SPI CompanionPCGroup on 02/27/2008 02:09 PM

Subject:

Filing Fee

Comments:

Filing Fee submitted by EFT

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Policyholder Disclosure Notice-Terrorism	TPN 002	01/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 TPN 002 Previous Filing #:		TPN 002.PDF

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. Under your existing coverage, any losses resulting from certified acts of terrorism would be partially reimbursed by the United States government under a formula established by the Terrorism Risk Insurance Act, as amended. Under this formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The terrorism risk insurance act, as amended, contains a \$100 billion cap that limits U.S government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceeds \$100 billion, your coverage may be reduced. The portion of your annual premium that is attributable to coverage for acts of terrorism is \$_____, and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: _____

Policyholder Name_____

Policy
Number_____

Date_____

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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>MU WC Terrorism Risk Insurance Program Reauthorization/P#07236CCIC</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty 02/27/2008

Comments:

Attachments:

Cover Letter.PDF

Expedited Filing Transmittal for Terrorism.PDF



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

February 27, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Commercial Insurance Company NAIC#: 661-10794 FEIN#: 582292212
Workers Compensation – Terrorism Risk Insurance Program Reauthorization Act of 2007
Company Filing#: P#07236CCIC
Proposed Effective Date: December 26, 2007

Dear Commissioner Benafield Bowman:

Companion Commercial Insurance Company wishes to adopt NCCI's item filing B-14050, which addresses the Terrorism Risk Insurance Program Reauthorization Act of 2007. NCCI has filed forms WC 00 01 13 A and WC 00 04 21 B on our behalf. For informational purposes, we have attached a copy of our disclosure notice that we will be using. Also a completed Expedited Filing Transmittal Document is included in this filing.

We are requesting an effective date of December 26, 2007.

If you should have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Pamela Bass
Regulatory Compliance Analyst

Phone: 803-264-5266
Fax: 803 865-3155
Email: pam.bass@companiongroup.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Companion Commercial Insurance Company	SC	661-10794	582292212

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Pamela Bass P.O. Box 100165 Columbia SC 29202	803-264-5266	803 865-3155	pam.bass@compa niongroup.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Form Filing
This application is used with:	Workers Compensation
Effective Date Requested	December 26, 2007
Filing date	February 27, 2008
Company Tracking Number	P#07236CCIC
Date filing approved in domiciliary state, if applicable	Approved

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice-Terrorism	TPN 002 01/08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TPN 002 01/06	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Pamela Bass
Signature

Pamela Bass
Print Name:

Regulatory Compliance Analyst
Title: